10505

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

10506

Reg. Dist. No. 190

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 3412 Main St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baker; STREET ADDRESS (If rural, give location) 12K-2

3. NAME OF DECEASED (Type or Print): (First) Lettie; (Middle) Margaret; (Last) Brewer

4. DATE OF DEATH: (Month) Nov; (Day) 22; (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 8, 1876

9. AGE last birthday: 78 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Floyd Co. Va

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Epperley Brewer

14. MOTHER'S MAIDEN NAME: Hall Stansbury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Mrs Frances Powell Elkridge 2 Md 3412 Main St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia at Hospital — Interval Between Onset and Death: 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr Hypertensive Cardiac — 1 mo

(c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility — 5 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 6, 1954 to Nov 22, 1954, that I last saw the deceased alive on Nov 16, 1954, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

D R B Brumbaugh 609 Main St Elkridge 27 Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Nov-25/54

NAME OF CEMETERY OR CREMATORY: Mt Zion Methodist Cemetery

LOCATION (City, or county) (State): Frenchtown Cecil Co Md

DATE REC'D BY LOCAL REG. 11/26/54

REGISTRAR'S SIGNATURE: Bird E. Williams

24. FUNERAL DIRECTOR ADDRESS: Jos. T. Foster Belair Md

RECEIVED

BUREAU V. S.

10506

Items 7, 11, 13, 14 12-8-54 et, Film 174

10507

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 190

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 25

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Dorsey
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3403 15th Street S.E.

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) H. (Last) Brown

4. DATE OF DEATH (Month) 11 (Day) 28 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 1, 1931

9. AGE last birthday: 22 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Airman

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Air Force

11. BIRTHPLACE (State or foreign country): Youngstown, Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Pink Brown

14. MOTHER'S MAIDEN NAME: Mary ??

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) In USAF when killed

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Military Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

860X

Immediate cause (a) Horizontal Compound fracture L&P Parietal area DUE TO — INTERVAL BETWEEN ONSET AND DEATH: instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Laceration spleen & liver, multiple fractures of extremities, brain maceration, exsanguination DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY field 21c. (City or town) near Dorsey (County) Howard (State) Md.

21d. TIME OF INJURY (Month) 11 (Day) 28 (Year) 1954 (Hour) 10 M. 21e. INJURY OCCURRED While at work ☒ Not while at work ☐ 21f. HOW DID INJURY OCCUR? B25 Plane crash of Air Force

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE George E Burgtorf M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 29 Nov 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Unknown | NAME OF CEMETERY OR CREMATORY: Arlington Natl. Cemetery | LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG. 29 Nov 54 | REGISTRAR'S SIGNATURE T.A. COLTON, CMO, USA | 24. FUNERAL DIRECTOR ADDRESS: WM. COOK, INC. Baltimore, Md.

E. Bird Williams mt

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
DEC 3 1954
BUREAU V. S.

10507 Items 7, 11, 13, 14, Film G174, 12/10/54 fcy

10508

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 190 No. 22

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

**1. PLACE OF DEATH:**
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Dorsey
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Calif COUNTY Los Angeles
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Los Angeles
STREET ADDRESS (If rural, give location) 533 W 68th St.

**3. NAME OF DECEASED:** (Type or Print) (First) JOSEPH (Middle) V. (Last) ~~CHRDENA~~ Cadena

**4. DATE OF DEATH** (Month) Nov (Day) 28 (Year) 1954

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: | 9. AGE Last birthday: | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M. | W. | | 6 June 1920 | 34 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| | | Unknown | |

| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
|---|---|
| Alcario Cadena | Reyes Valle |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|
| | | |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Fracture, Compound-, Both Maxilla, nose and base of skull. DUE TO — INTERVAL BETWEEN ONSET AND DEATH: instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒ |
|---|---|---|
| | | |

| 21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY field | 21c. (City or town) near Dorsey (County) Howard (State) Md |
|---|---|---|
| 21d. TIME OF INJURY (Month) 11 (Day) 28 (Year) 1954 (Hour) 10:30 P.M. | 21e. INJURY OCCURRED While at work ☒ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? Crash of B25 |

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE George E. Bergtorf DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 29 Nov 54

| 23. BURIAL, CREMATION, REMOVAL (Specify): | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Unknown | Unknown | Los Angeles, Los Angeles, Calif. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 29 Nov 54 | T. A. GORDON, CWO, USA E. Bud Williams mgt | WM. COOK, INC. | Baltimore, Maryland |

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 3 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10509

10508 CERTIFICATE OF DEATH Reg. Dist. No. 191

1. NAME OF DECEASED (Type or Print): William J. Cavill
2. DATE OF DEATH: Nov. 17. 1954

3. PLACE OF DEATH:
A. ~~Baltimore City~~, Maryland Ellicott City Md
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Howard County Highland Manor Nursing Home
c. Length of stay in Baltimore: 75 years 8 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore / Ellicott City
D. STREET ADDRESS (If rural, give location):

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE (In years) last birthday | If Under 1 Year: Months / Days | If Under 24 Hours: Hours / Min. |
|---|---|---|---|---|---|---|
| Male | White | Widowed | Sept-31-1879 | 75 | | |

| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10B. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Laborer | Baltimore City | Baltimore-Maryland | U.S.A. |

13. FATHER'S NAME: Martin Cavill
14. MOTHER'S MAIDEN NAME: Ellen Donovan

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT | ADDRESS |
|---|---|---|---|---|
| No | No | None | Martin Cavill Jr. | 116-E Randall St. |

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerosis
DUE TO
(B)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: 5 Yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

| 19A. DATE OF OPERATION | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED | IF OPERATION WAS RELATED TO CAUSE OF DEATH ENTER IN PART I OR PART II | 20. AUTOPSY? |
|---|---|---|---|
| | | | YES ☐ NO ☐ |

| 21D. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21E. INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? |
|---|---|---|
| m. | WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | |

22. *I hereby certify that I attended the deceased from* June 1, 1954 *to* Nov 17, 1954 *that I last saw the deceased alive on* Nov 17, 1954 *and that death occurred at* 10 *m., from the causes and on the date stated above.*

| 23A. SIGNATURE | 23B. ADDRESS | 23C. DATE SIGNED |
|---|---|---|
| [signature] M. D. | 1037 N. Calvert St Balto | 11/19/54 |

| 24A. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) | 24B. DATE | 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 11/20/54 | Holy Cross Cemetery | Ritchie Hwy - Baltimore-Md |

| DATE RECEIVED BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| NOV 22 1954 | [signature] | Earl B. Wolverton Funeral Home, Inc | |

PLEASE WRITE PLAINLY IN UNFADING INK. Every item of information should be carefully supplied. MARGIN RESERVED FOR BINDING
correct age is especially imt. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 24 1954
BUREAU V. S.

10509

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 10510 70

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

**1. PLACE OF DEATH:**
COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Dorsey, Md — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE New York COUNTY Erie
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Buffalo
STREET ADDRESS (If rural, give location) 1711 Fillmore Avenue

**3. NAME OF DECEASED: (Type or Print)** (First) DON (Middle) (Last) COE

**4. DATE OF DEATH** (Month) 11 (Day) 28 (Year) 1954

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M. | W. | Married | 12 June 1920 | 34 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Airman | U.S. Air Force | Thorald Onterio, Canada | USA |

**13. FATHER'S NAME:** Louis Coe

**14. MOTHER'S MAIDEN NAME:** Laura

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|
| Yes USAF when killed | Unknown | Military Records |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Compound Fracture of Skull. — Interval between onset and death instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Multiple Fracture of extremities, Brain maceration

DUE TO (c) Hemothorax, Exsanguination, Fractures of ribs bilatereal

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☒ No ☐ |
|---|---|---|
| | | |

| 21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY field | 21c. (City or town) near Dorsey (County) Howard (State) Md. |
|---|---|---|
| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 11 28 1954 10 20 P.M. | 21e. INJURY OCCURRED While at work ☒ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? Crash of Air Force B25 Plane |

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE George S. Burgtorf — DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY — M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 29 Nov 54

| 23. BURIAL, CREMATION, REMOVAL (Specify): | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Unknown | Private Cemetary | Buffalo, Erie N.Y. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 29 Nov 54 | [illegible] | W. COOK, INC | Baltimore, Md. |

E. Bird Williams mnt

RECEIVED
DEC 3 1954
BUREAU V. S.

MARYLAND 10510

10511

STATE DEPARTMETT OF HEALTH

# CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY HOWARD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELLICOTT CITY | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS SCHAEFFERS RETREAT MONTGOMERY RD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE BALTO. MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WOODLAWN
STREET ADDRESS (If rural, give location) 6802 WINSOR MILL RD.

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) FLOYD (Last) DAVIS

4. DATE OF DEATH: (Month) NOV. (Day) 10 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) SINGLE

8. DATE OF BIRTH: SEP. 9, 1883

9. AGE last birthday: 71 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: ELECTRICIAN

11. BIRTHPLACE (State or foreign country): VA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: GEORGE E. DAVIS

14. MOTHER'S MAIDEN NAME: MARGARET NOCK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: MR. LEWIN NOCK DAVIS, ACCOMAC, VA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — 5 yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-vascular Disease — 7 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Emphysema, marked — unknown

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July ..., 1949..., to Nov....., 1954.., that I last saw the deceased alive on Nov. 9, 1954., and that death occurred at 9:15 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M.D. 1 Mallow Hill Ave., Baltimore, Md, 11/11/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE Nov. 12/54 | NAME OF CEMETERY OR CREMATORY NOCK CEMETERY | LOCATION (City, town, or county) (State) ACCOMAC CO. VA.

DATE REC'D BY LOCAL REG. 11-12-54 | REGISTRAR'S SIGNATURE A.W. Hancock | 24. FUNERAL DIRECTOR Harry H. Whitbe | ADDRESS 4101 EDMONDSON AVE.

55

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10512

10511 CERTIFICATE OF DEATH Reg. Dist. No. 194

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dayton
LENGTH OF STAY (in this place) 83 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dayton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) IRA (Middle) M (Last) GRAY

4. DATE OF DEATH: (Month) November (Day) 8 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH: 4-1-1871

9. AGE Last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY: farm owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Hezekiah L. Gray

14. MOTHER'S MAIDEN NAME: Oliva Agnes Botteril

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ?

17. INFORMANT & ADDRESS: Ira E. Gray, Ellicott City, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic myocardial failure — Interval Between Onset And Death: 14 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerotic heart disease — 15 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/17 1948, to 11/8 1954, that I last saw the deceased alive on 11/8, 1954, and that death occurred at 1:10 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles S. Whitaker M. D. ADDRESS Clarksville, Md. DATE SIGNED 11/10/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial DATE THEREOF 11-11-54 NAME OF CEMETERY OR CREMATORY Providence LOCATION (City, town, or county) (State) Glenelg, Md.

DATE REC'D BY LOCAL REGISTRAR 11/12/54 REGISTRAR'S SIGNATURE Marie A. Whitaker

24. FUNERAL DIRECTOR F.C. Higginbothom ADDRESS Ellicott City, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

10513

10512

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH
COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Shafers Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
STREET ADDRESS (If rural, give location): Columbia Road

3. NAME OF DECEASED (Type or Print): (First) GEORGIANA (Middle) WILLIAMS (Last) HODGES

4. DATE OF DEATH (Month) (Day) (Year): 11-7-1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1-7-1866

9. AGE last birthday: 88 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Hodges

14. MOTHER'S MAIDEN NAME: Emily Louisa Cooke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. William Hodges, Ellicott City, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c) Arteriosclerotic Cardio-Vascular Disease — 4 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1954, to Nov. 7, 1954, that I last saw the deceased alive on Nov. 5, 1954, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE: William F. Jossaume — (Degree or title): M.D — ADDRESS: Ellicott City — DATE SIGNED: 11/7/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11-11-54 — NAME OF CEMETERY OR CREMATORY: St. Johns — LOCATION (City, town, or county) (State): Ellicott City, Md

DATE REC'D BY LOCAL REG.: Nov. 9, 1954 — REGISTRAR'S SIGNATURE: John B. Loughran. Pro. B. E. H.

24. FUNERAL DIRECTOR — ADDRESS: F.C. Higinbothom, Ellicott City, Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10514

10513 **CERTIFICATE OF DEATH** Reg. Dist. No. 191

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Highland Manor Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Balto.
STREET ADDRESS (If rural give location) 612 Reservoir St.

3. NAME OF DECEASED: (Type or Print) (First) ASA (Middle) CLARENCE (Last) KETCHAM

4. DATE OF DEATH (Month) (Day) (Year) November 20, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Check): Widowed
8. DATE OF BIRTH: 5/10/1870
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman
10B. KIND OF BUSINESS OR INDUSTRY: Own Boats
11. BIRTHPLACE (State or foreign country): Fairmount Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Ketcham
14. MOTHER'S MAIDEN NAME: Mary (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT'S ADDRESS: Chas. A. Ketcham 612 Reservoir St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 427.1
(A) Myocardial Insufficiency with auricular Fibrillation DUE TO
ANTECEDENT CAUSE (B)
(B) General Arteriosclerosis DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(C)

INTERVAL BETWEEN ONSET AND DEATH: 3 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 15, 1954 to Nov 20, 1954 that I last saw the deceased alive on Nov 19, 1954, and that death occurred at 7:10 AM, from the causes and on the date stated above.
SIGNATURE Robert B. Taylor MD
M. D. ADDRESS 706 Cathedral St
DATE SIGNED Nov 20-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11/23/54
NAME OF CEMETERY OR CREMATORY Methodist church
LOCATION (City, town, or county) (State) Elkridge Howard Co. Md.

DATE REC'D BY LOCAL REGISTRAR 11-19-54
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Wm Cook Inc.
ADDRESS 1217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10515

10514

# CERTIFICATE OF DEATH

Reg. Dist. No. 191

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1 PLACE OF DEATH
COUNTY Howard
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) MARYLAND
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shaffer's Convalescent Retreat

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Baltimore Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1706 E. North Ave.
STREET ADDRESS (If rural give location) Baltimore Md.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Leland (Last)

4. DATE OF DEATH: (Month) Nov (Day) 16 (Year) 1954

5. SEX F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: Oct 1873 | 9. AGE last birthday: 81 yrs. | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ??? Waters | 14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNK (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 5 | 17. INFORMANT & ADDRESS: Mrs J.E. Griffith 406 Edgewood St. Balto.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arteriosclerotic CV disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1954, to Nov. 16, 1954, that I last saw the deceased alive on Nov 15, 1954, and that death occurred at 20 M, from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS [illegible] DATE SIGNED 11/17/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Nov 18-1954 | NAME OF CEMETERY OR CREMATORY London Park | LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 17, 1954 | REGISTRAR'S SIGNATURE John B. Loughran. Pm. B.E.L.D. | 24. FUNERAL DIRECTOR Harry L. Witzke | ADDRESS 4101 Edmondson Ave

10515 [illegible] 12, 13, 14 12-8-54 et. film 174

10516 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. [illegible] 190

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Howard MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Dorsey; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE California COUNTY [illegible]; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Paramount 4; STREET ADDRESS (If rural, give location) 1352 Florence Avenue

3. NAME OF DECEASED: (First) Howard (Middle) G. (Last) LORENTZ

4. DATE OF DEATH (Month) 11 (Day) 28 (Year) 1954

5. SEX: M. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 9 Jul 1919 | 9. AGE last birthday: 35 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Soldier | 10b. KIND OF BUSINESS OR INDUSTRY: U.S. Army | 11. BIRTHPLACE (State or foreign country): Unknown | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nichols John Lorentz | 14. MOTHER'S MAIDEN NAME: Margaret E. Gorsbruch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes | (If Yes, give war or dates of service) In US Army | 16. SOCIAL SECURITY NO.: Unknown | 17. INFORMANT & ADDRESS: Mother, Georgia

Was killed

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Compound Comminuted Fracture of Skull DUE TO; INTERVAL BETWEEN ONSET AND DEATH: instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc.), INJURY Field | 21c. (City or town) Near Dorsey (County) Howard (State) Md

21d. TIME OF INJURY (Month) 11 (Day) 28 (Year) 1954 (Hour) 10:30 A.M. | 21e. INJURY OCCURRED While at work ☒ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? Plane crash of Air Force B 25 plane

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural Causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE George E. Burgtorf M. D. | CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ | DATE SIGNED 29 Nov 1

23. BURIAL, CREMATION, REMOVAL (Specify): | DATE THEREOF | NAME OF CEMETERY OR CREMATORY Al[illegible] Cemetery | LOCATION (City, town, or county) (State) [illegible] Beach, Md.

DATE REC'D BY LOCAL REG. 29 November 54 | REGISTRAR'S SIGNATURE T. A. GORDY, CWO, USA | 24. FUNERAL DIRECTOR AND ADDRESS WM. COOK, INC., Baltimore, Md.

E. Bird Williams

VS. A15A - 5 - 53

10516

10517

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 195

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

**1. PLACE OF DEATH:**
COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Savage
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rtl and Rt 32

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE: Maryland COUNTY: Howard
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Jessups
STREET ADDRESS (If rural, give location): Guilford Road

**3. NAME OF DECEASED:** (Type or Print) (First) BARNIE (Middle) A (Last) MILLER

**4. DATE OF DEATH:** (Month) (Day) (Year) 11-15-54 19

**5. SEX:** Male

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify) Married

**8. DATE OF BIRTH:** 1892

**9. AGE last birthday:** 62 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of work life, even if retired): Carpenter

**10b. KIND OF BUSINESS OR INDUSTRY:** Building

**11. BIRTHPLACE** (State or foreign country): North Carolina

**12. CITIZEN OF WHAT COUNTRY?** U. S. A.

**13. FATHER'S NAME:** GORDON MILLER

**14. MOTHER'S MAIDEN NAME:** MATILDA FAW

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) NO (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** 589-09-6319

**17. INFORMANT & ADDRESS:** MYRTLE SOWDER LAUREL, Md

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:**

Immediate cause (a) Fracture of the fifth cervical veterbrae — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ..... DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Instant

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDING OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☒

**21a. EXTERNAL CAUSE WAS** PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

**21b. PLACE** (Home, farm, factory, OF INJURY street, office bldg., etc.): Highway

**21c.** (City or town) Savage (County) Howard (State) Md

**21d. TIME** (Month) (Day) (Year) (Hour) OF INJURY: 11-15-54 10.21P M.

**21e. INJURY OCCURRED** While at work ☐ Not while at work ☒

**21f. HOW DID INJURY OCCUR?** Pedestrian struck by truck

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE George E. Burgtorf M. D. Ellicott City, Md.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED: 11-15-54

**23. BURIAL, CREMATION, REMOVAL** (Specify): Burial

DATE THEREOF: Nov 18 1954

NAME OF CEMETERY OR CREMATORY: RIVER VIEW

LOCATION (City, town, or county) (State): Near W. JEFFERSON Md

DATE REC'D BY LOCAL REG. 11/16/54

REGISTRAR'S SIGNATURE: Frank Shipley

**24. FUNERAL DIRECTOR** ADDRESS: Ridgley Selby 401 Washington Ave Laurel Md

10518

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10517 **CERTIFICATE OF DEATH** Reg. Dist. No. 191

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH
COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (RURAL) Ellicott City
LENGTH OF STAY (in this place) 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ilchester Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (RURAL) Ellicott City
STREET ADDRESS (If rural give location) Ilchester Road.

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) GERTRUDE (Last) MILLER

4. DATE OF DEATH: (Month) Nov. (Day) 7, (Year) 1954.

5. SEX: FEMALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH: Oct. 20, 1887
9. AGE last birthday 67 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William F. Tucker
14. MOTHER'S MAIDEN NAME: Sarah J. Tucker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service) — — —
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: William F. Miller, Ilchester, Rd. Ellicott City, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) —

DUE TO (C) Arteriosclerotic Cardio Vascular Disease — 4 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 28, 1951, to Nov. 7, 1954, that I last saw the deceased alive on Nov. 4, 1954, and that death occurred at 8 A. M, from the causes and on the date stated above.
SIGNATURE William F. Sweeney M.D. ADDRESS Ellicott City, Md. DATE SIGNED 11/7/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF Nov. 10, 1954.
NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 9, 1954
REGISTRAR'S SIGNATURE John B. Leghman. Co. R.E.L.
24. FUNERAL DIRECTOR Easton Sons ADDRESS Catonsville 28, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10519

10518

# CERTIFICATE OF DEATH

Reg. Dist. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY HOWARD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DANIELS
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY HOWARD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DANIELS
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) FLORENCE (Middle) ELIZ. (Last) PALMER

4. DATE OF DEATH: (Month) NOV. (Day) 6 (Year) 1954

5. SEX: FEMALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED | 8. DATE OF BIRTH: MAR. 17, 1882 | 9. AGE last birthday: 72 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WARREN RUDOLPH PALMER
14. MOTHER'S MAIDEN NAME: ANNIE SHANK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: MARTIN L. PALMER, WOODLAWN, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of intestine DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ..., 19[illegible]2, to 11/6/ ., 1954, that I last saw the deceased alive on 11/6/., 1954, and that death occurred at 6:30 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. E. Martin M.D. ADDRESS Randallstown Md DATE SIGNED 11/7/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF 11-8-54 | NAME OF CEMETERY OR CREMATORY GOOD SHEPHERD. | LOCATION (City, town, or county) ELLICOTT CITY (State) Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 8, 1954 | REGISTRAR'S SIGNATURE John B. Loughran. Pu. B. E. L. | 24. FUNERAL DIRECTOR ADDRESS F.C. HIGINBOTHOM, ELLICOTT CITY, Md.

10519

10520

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 190

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

**1. PLACE OF DEATH:** COUNTY Howard — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dorsey, Md.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

**2. USUAL RESIDENCE (HOME) OF DECEASED:** STATE Oregon — COUNTY; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cornelius; STREET ADDRESS (If rural, give location) Rt 1 Box 339

**3. NAME OF DECEASED: (Type or Print)** (First) Wayne (Middle) G. (Last) Shearer

**4. DATE OF DEATH** (Month) 11 (Day) 28 (Year) 1954

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M | W. | Married | 15 Sept 1924 | 30 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Airman | US AIR FORCE | unknown | USA |

**13. FATHER'S NAME:** Rolineo Nobel Shearer

**14. MOTHER'S MAIDEN NAME:** Georga Elizabeth Nies

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|
| yes In USAF when killed | unk | Military records |

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:** — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) DUE TO: Compound Fracture of Skull — instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO: Multiple fracture of extremities, Brain laceration

(c) Exsanguination, Fracture 7th rib, right.

**II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.**

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☒ No ☐ |
|---|---|---|
| | | |

| 21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Field | 21c. (City or town) near Dorsey | (County) Howard | (State) Md |
|---|---|---|---|---|

| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 11 28 1954 ~10 P.M. | 21e. INJURY OCCURRED While at work ☒ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? B25 Plane Crash of Airplane |
|---|---|---|

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE George E. Burton M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11/29/54

| 23. BURIAL, CREMATION, REMOVAL (Specify): | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | unk | Willamette Natl Cem. | Portland Oregon |

DATE REC'D BY LOCAL REG. 29 Nov 54

REGISTRAR'S SIGNATURE ~~T. A. GORDON, CWO, USA~~ E. Burd Williams

24. FUNERAL DIRECTOR — ADDRESS: WM. COOK, INC., Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10521

10520

# CERTIFICATE OF DEATH

Reg. Dist. No. 190

Item 13, FilmGl73 11-29-54 at

1. PLACE OF DEATH
COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Taylor Manor Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1701 Eutaw Place

3. NAME OF DECEASED: (Type or Print) (First) DELORES (Middle) E. (Last) SINDELAR

4. DATE OF DEATH: (Month) November (Day) 20, (Year) 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: August 13, 1922

9. AGE last birthday 32 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Omaha, Nebraska

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Arthur Carlson

14. MOTHER'S MAIDEN NAME: Mary Kraal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Dr. Joseph Sindelar, 1701 Eutaw Place

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Malnutrition, Electrolyte Imbalance,

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) ~~DUE TO~~ Acute dilatation of the stomach due to Mental Disease, type undetermined

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19... , to . . . , 19 . . . , that I last saw the deceased alive on , 19 . , and that death occurred at M, from the causes and on the date stated above.

SIGNATURE Paul F. Sherman M. D

ADDRESS 700 Fleet St.

DATE SIGNED 11/20/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial

DATE THEREOF 11/24/54

NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery

LOCATION (City, town, or county) Baltimore, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 11-23-54

REGISTRAR'S SIGNATURE G. W. Hedrick

24. FUNERAL DIRECTOR Wm. Cook, Inc.,

ADDRESS 1217 St. Paul Street

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10522

10521

# CERTIFICATE OF DEATH

Reg. Dist. No. 194

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highland
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) I (Middle) Ida (Last) Smith

4. DATE OF DEATH: (Month) (Day) (Year) 11-1-54 19

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced

8. DATE OF BIRTH: 4-12-1908

9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Florence Curry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ?

17. INFORMANT & ADDRESS: Elwood Johnson, Highland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Cerebrovascular accident with left hemiplegia & aphonia — Interval Between Onset And Death: 7 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 23 1954, to Nov. 1, 1954, that I last saw the deceased alive on Nov. 1, 1954, and that death occurred at 2:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles S. Whitaker, M.D. — ADDRESS Clarksville, Md, — DATE SIGNED Nov. 2, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11-5-54 — NAME OF CEMETERY OR CREMATORY Hopkins Chapel — LOCATION (City, town, or county) (State) Highland, Md

DATE REC'D BY LOCAL REGISTRAR Nov. 3, '54 — REGISTRAR'S SIGNATURE Marie A. Whitaker — 24. FUNERAL DIRECTOR — ADDRESS F.C. Higinbothom, Ellicott City, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10523

10522

# CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
MARYLAND LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Columbia Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural give location) Columbia Road

3. NAME OF DECEASED: (Type or Print) (First) ANTHONY (Middle) F (Last) STROMBERG

4. DATE OF DEATH: (Month) Nov. (Day) 15 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 10-21-1888

9. AGE Last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired

10b. KIND OF BUSINESS OR INDUSTRY: Merchant

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John W.Stromberg

14. MOTHER'S MAIDEN NAME: Annie C.Stever

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs.A.F.Stromberg,Ellicott City,Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: Immed.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c) Arteriosclerotic Cardio-Vascular Disease — 5 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma. — 5 years.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 27, 1950, to Nov. 15, 1954, that I last saw the deceased alive on Nov. 13, 1954, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE William F. Sweeney (Degree or title) M.D. ADDRESS Ellicott City, Md. DATE SIGNED 11/15/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11-18-1954 — NAME OF CEMETERY OR CREMATORY New Cathedral — LOCATION (City, town, or county) (State) Baltimore, Md

DATE REC'D BY LOCAL REGISTRAR Nov. 17, 1954 — REGISTRAR'S SIGNATURE John B. Loughran. Pro. B. E. L.

24. FUNERAL DIRECTOR ADDRESS F.C.Higinbothom, Ellicott City, Md

10524

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10523

# CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Baltimore HOWARD MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shaffer's Convalescent Retreat

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 205 E. 25th St. 3401-4

3. NAME OF DECEASED: (Type or Print) (First) NELLIE (Middle) D. (Last) WATTS
4. DATE OF DEATH: (Month) Nov. (Day) 16 (Year) 1954
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) single
8. DATE OF BIRTH: July 21, 1882
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary
10B. KIND OF BUSINESS OR INDUSTRY: Law Business
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Thomas A. Watts
14. MOTHER'S MAIDEN NAME: Mary R. Burgess
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mr. Arthur Padgett - 3501 3301 Hillsdale Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

154X
IMMEDIATE CAUSE (A) Carcinoma of rectum with metastases
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO 1 yr
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1954, to 11-16, 1954, that I last saw the deceased alive on 11-15, 1954, and that death occurred at 8 A M, from the causes and on the date stated above.

SIGNATURE Dr. A. Kahn M.D. ADDRESS 1037 N. Calvert St DATE SIGNED 11/16/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11/19/54
NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.
LOCATION (City, town, or county) (State) Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR 11-16-54
REGISTRAR'S SIGNATURE C. M. Hadrick
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto 17 Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10525

# CERTIFICATE OF DEATH

Reg. Dist. No. 190

10524

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1811 Montgomery Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge
STREET ADDRESS (If rural, give location) 1811 Montgomery Rd.

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) Williams (Last) Winstead

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 19, 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: Sept. 17, 1860

9. AGE last birthday: 94 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Machinest

10b. KIND OF BUSINESS OR INDUSTRY: B&O R.R.

11. BIRTHPLACE (State or foreign country): Nash Co., North Carolina

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Winstead

14. MOTHER'S MAIDEN NAME: Christian Armstrong

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) none
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mary Hildebrand, 1811 Montgomery Rd

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) MYOCARDIAL INFARCTION | 3 WKS |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) DUE TO GENERALIZED ARTERIOSCLEROSIS | |
| | (c) DUE TO LA GRIPPE | |

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 Oct., 1954, to 19 NOV., 1954, that I last saw the deceased alive on 19 NOV., 1954, and that death occurred at 3:50 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
George E Golean MD Elkridge 27, md 19 November 54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 11-22-54
NAME OF CEMETERY OR CREMATORY Meadow Ridge
LOCATION (City, town, or county) (State) Howard Co., Md.

DATE REC'D BY LOCAL REG. 12/4/54
REGISTRAR'S SIGNATURE E. Bird Williams
24. FUNERAL DIRECTOR ADDRESS Howard H. Hubbard, 4107 Wilkens Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
NOV 24 1954
BUREAU V. S.